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Substitute for Form 1.40 Green									
CLAIMS AS FILED - PART 1 (Column 1) (Column 2)				SMALL ENTITY		OR	OTHER THAN OR SMALL ENTITY		
	· · · · · · · · · · · · · · · · · · ·	NUMBER	CYIPA	RATE	FEE	L	RATE	FEE	
FOR	NUMBERFILED	NOMBER	EXIIO		5	OR			
8ASIC FEE (37 CFR 1.16(a))				_==	OR	x s =			
TOTAL CLAIMS (37 OFR 1.16(c))	nurs 2	20 = '		× 5		ŬŇ.			
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MULTIPLE DEPENDENT	+5=		OR	15					
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"If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN									
/ CLAI			OR	OTHER					
1/2/4	(Column 1)	(Column 2)	(Column 3)	SMALL	NTITY	1 1	SMALL E	NTITY	
110101	CLAIMS	HIGHEST NUMBER	PRESENT	RATE	ADDI-		RATE	ADDI- TIONAL	
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A FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ 5=		OR	+s=	/	
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				TOTAL ADO'L FEE		OR	TOTAL, ADD'L FEE		
2 units Win column 3									
If the entry in column 1 is less than the entry in column 2, where V are column 20. If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".									

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